

APPLICATION FOR GENERAL BUILDING SEWER CONNECTION AND DISCHARGE PERMIT	This Application Is Not Valid Until This Section Is Completed by the SCDPW							
SUFFOLK COUNTY DEPARTMENT OF PUBLIC WORKS DIVISION OF SANITATION 600 Bergen Avenue West Babylon, New York 11704	Permit No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> ISSUED BY:							

INSTRUCTIONS:

1. Complete this form by printing or typewriting the required information.
2. The owner must obtain all required permits and complete informational forms as required by local agencies having jurisdiction, including but not limited to highway and building departments. Attach copies of required permits and forms to this application.
3. Contractors must be registered by SCDPW prior to performing building connection work.
4. Attach a copy of your most recent tax bill.
5. A CERTIFICATE OF APPROVAL will be issued when all work, including pumping, and backfilling of cesspools, septic tanks and overflow pools has been satisfactorily completed and inspected.
6. See SPECIAL NOTES on reverse side.

LOCATION FOR WHICH A BUILDING SEWER CONNECTION IS REQUESTED																		
Address	Suffolk County Real Property Tax Map No.																	
	Dist.	Section	Block															
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Telephone No.	Name of Nearest Intersecting Street																	
Owner's Name(s)																		
OWNER RESIDENCE (If other than above address)	Contractor's Name		Signature															
Address	S.C. Registration No.		Plumber's Lic. No.															
Telephone No.																		

FOR ALL CESSPOOL, SEPTIC TANKS, OVERFLOW POOLS	
Proposed Scavenger Waste Hauler's Name	Permit No.
* Proposed Backfill Contractor's Name	*Home Improvement Lic. No.

* Not required if work is performed by registered Building Connection Contractor.

CHECK APPROPRIATE BOX & SUPPLY REQUESTED INFORMATION	
<input type="checkbox"/> Private One-Family Dwelling (1 Dwelling Unit) <input type="checkbox"/> Private Multiple - Family Dwelling (2-4 Dwelling Units) Number of Dwelling Units is _____ (enter appropriate number) Proposed Pipe Diameter _____ (4" min.) Proposed Pipe Material _____ Is this connection part of the Sewer Hook-Up Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sketch proposed installation showing house, building connection, length in feet, cleanouts, driveways, property lines, underground utilities, poles, structures and trees within 10' of installation. Locate ALL cesspools, septic tanks and overflows and sketch their location below. Attach sketch if space is not adequate.

**TAKE NOTICE THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW**

OWNER'S SIGNATURE _____ Date _____

FOR SUFFOLK COUNTY DEPARTMENT USE ONLY			
Installation Inspected & Approved (Signature of Authorized SCDPW Inspector)			
Connection	Cesspools, Septic Tanks, Overflow	Pools Pumped & Backfilled	Date
Completed	Date		

SPECIAL NOTES

- 1) This connection and discharge permit is issued subject to the terms and conditions of the "Suffolk County Sewer Regulations" and is contingent upon the permittee complying with all terms contained therein.
- 2) Connection to County sewage works without prior approval is unlawful. The entire installation must be inspected and approved prior to backfilling. Backfilling of the connection prior to inspection and approval is a violation of the "Suffolk County Sewer Regulations" and violators are subject to penalties. No building sewer will be approved unless visually inspected by an inspector authorized by SCDPW. An authorized SCDPW inspector must be present when the connection is made to the sewer stub.
- 3) Notify the SCDPW at least two working days prior to commencing work to schedule an inspection; between the hours of 8:30 AM and 4:30 PM, call 631-854-4186. Inspections will be made only during the normal working hours. In case of emergency or Sewer Hook-Up Assistance Program connections call 587-5000. When the inspection is scheduled, the date and time for pumping, cleaning, and backfilling of all abandoned cesspools, septic tanks and overflow pools **must** be provided.
- 4) All construction methods and materials shall comply with the regulations issued for building sewer connections. Copies may be obtained at the offices of the SCDPW.
- 5) Where use of septic tanks, cesspools, or overflow pools is discontinued following connection to sewage works, the owner of the property containing such septic tanks, cesspools or overflow pools shall have all such structures located and all shall be properly emptied, cleaned and backfilled with earth, sand or other clean material acceptable to the Administrative Head within 15 days of abandonment. Access for inspection must be provided. Failure to have all cesspools, septic tanks and overflow pools, whose use is discontinued, properly abandoned is unlawful.
- 6) In accordance with New York State Industrial Code Rule 753, prior to performing excavation with mechanical or power equipment, the excavator must notify the operators of any public or private underground facilities of the proposed excavation.
- 7) Attention is directed to the New York State Department of Health's **Recommended Standards for Waterworks**, Section 15.4, which states in part:
 - "Wherever possible, sewer lines are to be at least 10 feet horizontally from a water main."
 - "If it is impractical to maintain that clearance, the sewer must be laid in a separate trench or undisturbed earth shelf and must be at least 18 inches below the water main."
 - "Wherever possible, lines which cross water mains shall have at least 18 inches vertical separation within 10 feet of the crossing."
 - "Where it is impossible to obtain such separations, the sewer must be designed and constructed equal to water (pressure) pipe."

Pipe conforming to these requirements and meeting SCDPW standards are listed in the **Technical Specifications for the Construction of Building Sewer Connections**.
- 8) Keep this permit on the premises, available for exhibition at all times during the construction of the work.
- 9) **Warning:** Construction of a building connection is dangerous. **DO NOT** attempt unless familiar with proper construction techniques.
- 10) Please direct inquiries to the Community Relations Unit at 587-5000.

INSTRUCTIONS: POOL CLOSURE REPORT

Purpose: The Suffolk County Sanitary Code requires all sanitary systems be closed after buildings have been hooked to a sewer district. Before such closure can be approved the Department of Health Services must review the past use of the system to determine if a remediation of the system is required. If the system is backfilled without Department of Health Services' approval, the owner will be required to sample or excavate the locations to determine if hazardous material has left to leach into the ground water.

Application filing: The application must be filed at:

Suffolk County Department of Health Services
15 Horseblock Pl.
Farmingville, New York 11738

Or by faxing to 631-854-2505

A representative of the Department will review the Department Files to determine if additional information or an inspection is necessary. If sampling is necessary, it will be the responsibility of the owner to schedule the sampling through an environmental consultant or laboratory. The Department reserves the right to split the sample. It will be necessary to notify the Department forty eight (48) hours in advance of any schedule inspection or sampling.

Approval: The approved application will be returned to the applicant for inclusion in the Application to the Department of Public Works.

Questions: 631-854-2503

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
15 Horseblock Place, Farmingville, New York 11738
Telephone: (631) 854-2502
Fax: (631) 854-2505

INDUSTRIAL-COMMERCIAL SANITARY POOL CLOSURE REPORT
(Print Clearly)

Facility Name: _____ Tel.#: _____

Address: _____ Zip: _____

Tax Map #: District _____ Section _____ Block _____ Lot _____

Property Owner: _____ Tel.#: _____

Address: _____ Zip: _____

Contact Person: _____ FAX #: _____ Tel. #: _____

Description of Business Conducted at Site: (i.e., office, manufacturing, car repair, etc.)

Number of subsurface sanitary pools to be filled in after connection to Public Sewer System:

Sketch of Site (showing pool locations and buildings):

? Indicate **NORTH** Arrow?

Applicant's Signature: _____ Date _____

Department Use Only:

- ☐ Based upon the information provided, and/or department file review, no further action is required on the sanitary system described above. The system may be pumped and filled with clean sand after connection to the Sewer District.
- ☐ Additional investigation is required, however, the SCDHS will supervise the investigation and closure and has no objection to the approval of the connection to the sewer district.

Approved by: _____ Date _____

Title: _____